P.12

SUPPLEMENTAL APPLICATION DATA SHEET

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AUG 0 6 2007

Application Information

Application Number::

10/665,882

Filing Date::

09/19/2003

Application Type::

Regular

Subject Matter::

Utility

CD-ROM or CD-R?::

None

Title::

Resistive Memory Device with a Treated Interface

Attorney Docket Number::-

UNTYP027

Attorney Docket Number::

P027.03

Request for Early Publication?::

NO

Request for Non-Publication?::

NO

Total Drawing Sheets::

15

Small Entity?::

YES

Petition Included?::

NO

Secrecy Order in Parent Appl.?;;

NO

Applicant Information

Applicant Authority Type::

INVENTOR

Primary Citizenship Country::

US

Status::

FULL CAPACITY

Given Name::

DARRELL

Middle Name::

Family Name::

RINERSON

Name Suffix::

City of Residence::

CUPERTINO

State or Providence of Residence::

CA

Country of Residence::

US

Street of Mailing address::

10423 HENEY CREEK PLACE

City of mailing address::

CUPERTINO

State or Province of mailing address::

ÇA

Country of mailing address::

US

Postal or Zip Code of mailing address::

95014

PAGE 12/16 * RCVD AT 8/6/2007 8:32:25 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-5/0 * DNIS:2738300 * CSID:14087378067 * DURATION (mm-ss):02-36

INVENTOR Applicant Authority Type::

Primary Citizenship Country:: US

FULL CAPACITY Status::

Given Name:: CHRISTOPHE

Middle Name::

Family Name:: CHEVALLIER

Name Suffix::

City of Residence:: **PALO ALTO**

State or Providence of Residence:: CA

US Country of Residence::

Street of Mailing address:: 168 TENNYSON AVE.

City of mailing address:: **PALO ALTO**

State or Province of mailing address:: CA

US Country of mailing address::

Postal or Zip Code of mailing address:: 94301

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: US

Status:: **FULL CAPACITY**

Given Name:: STEVE

Middle Name:: KUO-REN

Family Name:: **HSIA**

Name Suffix::

City of Residence::

SAN JOSE

State or Providence of Residence:: CA

Country of Residence::

US

Street of Mailing address:: 6562 BROADACRE DR.

City of mailing address:: SAN JOSE

State or Province of mailing address:: CA

US Country of mailing address::

Postal or Zip Code of mailing address:: 95120 Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: US

Status:: FULL CAPACITY

Given Name:: WAYNE

Middle Name::

Family Name:: KINNEY

Name Suffix::

City of Residence:: EMMETT

State or Providence of Residence:: ID

Country of Residence:: US

Street of Mailing address:: 7506 UPPER AVE.

City of mailing address:: EMMETT

State or Province of mailing address:: ID

Country of mailing address:: US

Postal or Zip Code of mailing address:: 83617

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: US

Status:: FULL CAPACITY

Given Name:: STEVEN

Middle Name:: W.

Family Name:: LONGCOR

Name Suffix::

City of Residence:: MOUNTAIN VIEW

State or Providence of Residence:: CA

Country of Residence:: US

Street of Mailing address:: 2711 LEVIN CT.

City of mailing address:: MOUNTAIN VIEW

State or Province of mailing address:: CA

Country of mailing address:; US

Postal or Zip Code of mailing address:: 94040

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: US

Status:: FULL CAPACITY

Given Name:: JOHN

Middle Name:: E.

Family Name:: SANCHEZ

Name Suffix:: JR.

City of Residence:: PALO ALTO

State or Providence of Residence:: CA

Country of Residence:: US

Street of Mailing address:: 2062 HANOVER STREET

City of mailing address:: PALO ALTO

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94306

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: US

Status:: FULL CAPACITY

Given Name:: EDMOND

Middle Name::

Family Name:: WARD

Name Suffix::

City of Residence:: MONTE SERENO

State or Providence of Residence:: CA

Country of Residence:: US

Street of Mailing address:: 17324 EATON LANE

City of mailing address:: MONTE SERENO

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 95030

Correspondence Information

Correspondence Customer Number ::

42958

Representative Information

Representative Customer Number::

42958

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in- part of	10/330,512	09/19/2003
10/330,512	An-application claiming-the benefit-under 35 USC 119(e)	60/400,849	08/02/02
10/330,512	An application claiming the benefit under 35 USC 119(e)	60/422,822	10/31/02
10/330,512	An application claiming the benefit under 35	60/424,083	11/05/02

Assignee Information

Assignee name::

UNITY SEMICONDUCTOR CORPORATION

Street of Mailing address::

250 NORTH WOLFE ROAD

City of mailing address::

SUNNYVALE

State or Province of mailing address::

CA

Country of mailing address::

US

Postal or Zip Code of mailing address:: 94085-4510